REGISTRATION FORM TO ATTEND A CLASS

(Please photocopy this form for each course/registrant)

THIS FORM MUST ACCOMPANY PAYMENT

Registrant Name _____

SSN _____

Job Title/Major Duties & Responsibilities _____

_____

Employer _____

Is your employer an FTA Grant Recipient or Sub-recipient? ☐

Address _____

City/State/Zip _____

Phone _____

Fax _____

Email _____

Course Title/Class Number _____

1st Choice Date/Location _____

2nd Choice Date/Location _____

Prerequisite Course Location/Date _____
(or attach a photocopy of your course certificate)

This is the final required course for the Transit Safety and Security Program certificate.
☐ (Check box if applicable)

You will receive a registration letter 30 days prior to class.

Cardholder Name _____

Cardholder Signature _____

VISA/MasterCard _____ Expires _____

RTI-80

REQUEST TO HOST A TRAINING CLASS

(Please photocopy this form for each course request)

Host Transit System _____

Host Contact Name _____

Address _____

City/State/Zip _____

Phone _____ Cell _____

Fax _____

E:mail _____

Course Title _____

1st Choice – Preferred Host Date _____

2nd Choice – Preferred Host Date _____

Is your employer an FTA Grant Recipient or Sub-recipient?

☐ Yes ☐ No